

SYSTEM OF CARE QUALITY IMPROVEMENT EVALUATION: CASE FILE FORM

Today's Date: _____

Child: _____

Target Population: _____

1. Referral Source

- ☐ Family Member
- ☐ Public Health
- ☐ Juvenile Justice
- ☐ Mental Health
- ☐ School
- ☐ Social Services
- ☐ Other: _____

2. Which life domain areas did the family identify as areas of concern at the time of intake?

- ☐ Residential
- ☐ Family
- ☐ Social
- ☐ Educational/Vocational
- ☐ Medical
- ☐ Psychological/Emotional
- ☐ Legal
- ☐ Safety
- ☐ Other: _____

3. Current Legal Custody:

- ☐ Parent
- ☐ Relative
- ☐ Social Services
- ☐ Other: _____

4. Current Physical Custody:

- ☐ Parent
- ☐ Relative
- ☐ Foster Parent
- ☐ Other: _____

5. Which life domain areas are addressed in the most recent person centered plan?

- ☐ Residential
- ☐ Family
- ☐ Social
- ☐ Educational/Vocational
- ☐ Medical
- ☐ Psychological/Emotional
- ☐ Legal
- ☐ Safety
- ☐ Other: _____

6. Are any services inaccessible due to the location of the services? Yes ☐ No ☐

7. Are there unmet identified needs because a type of service does not exist locally? Yes ☐ No ☐

8. Are there unmet identified needs because a long wait list exists for a particular service? Yes ☐ No ☐

9. Is a strengths-based assessment found in the case file? Yes ☐ No ☐

10. Are strengths identified in the strengths-based assessment reflected in the interventions contained in the person centered plan? Yes ☐ No ☐

11. Is there evidence of a crisis plan contained within the person centered plan? Yes ☐ No ☐

12. Rate the level of comprehensiveness of the crisis plan:
 1 = Excellent
 2 = Acceptable
 3 = Poor

13. Rate the degree to which appropriate transitional services have been identified to facilitate a smooth transition for the youth into new school/new residence/adulthood, etc.:
 1 = Excellent
 2 = Acceptable
 3 = Minimally Acceptable
 4 = Poor
 5 = Completely Unacceptable

Questions 18 & 19 pertain only to cases in which youth is 15 years of age or older

14. Rate the degree to which the person centered plan is realistic and sustainable as the child moves into adulthood
 1 = Excellent
 2 = Acceptable
 3 = Minimally Acceptable
 4 = Poor
 5 = Completely Unacceptable
 N/A = Youth is younger than 15

15. Rate the degree to which plans are being made to transition youth into adult care system
 1 = Excellent
 2 = Acceptable
 3 = Minimally Acceptable
 4 = Poor
 5 = Completely Unacceptable
 N/A = Youth is younger than 15

16. Rate the degree to which desired outcomes (goals) in the person centered plan are written in measurable terms
 1 = Excellent
 2 = Acceptable
 3 = Minimally Acceptable
 4 = Poor
 5 = Completely Unacceptable

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17. Check all parties currently on service team (*evidenced by signatures and dates on the plan*)

- | | |
|---|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Friends |
| <input type="checkbox"/> School | <input type="checkbox"/> Family Members |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Church /Religious |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Family Advocates |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Other (Specify) _____ |

18. To what extent is the team made up of individuals (excluding agency personnel) with access to informal resources for the family?

- 1 = Excellent
2 = Acceptable
3 = Poor

19. Rate the degree to which the service team is comprised of the optimal mix of professionals and "non-professionals":

- 1 = Excellent
2 = Acceptable
3 = Poor

20. Is there a unified, overarching person centered plan?
Yes ☐ No ☐

21. What is the present restrictiveness level of the living situation?

- ☐ Detention Center/Training School
☐ Hospital
☐ Residential Treatment Center
☐ Group Home
☐ Out-of-county Group Home
☐ Foster Home
☐ Home of family member/relative

22. Are all services based in the county where the youth and family live? Yes ☐ No ☐

☐ Other: _____

23. If not, is there a goal in the person centered plan directed toward ensuring that all services are delivered within the home county? Yes ☐ No ☐
N/A ☐

24. Are services provided in the least restricted/most normative setting, appropriate to the child's and family's needs? Yes ☐ No ☐

25. Is there a need for flexible funds at this time to execute the person centered plan for this youth/family? Yes ☐ No ☐

26. If so, have flexible funds been accessed? Yes ☐ No ☐

27. To what extent are naturally occurring community resources (including flex funds) included in the plan?

- 1 = Excellent
2 = Acceptable
3 = Poor

List community resources utilized: _____

28. Is the person centered plan funded by two or more agencies? Yes ☐ No ☐

List sources of funding utilized : _____

29. Overall, is the current person centered plan traditional ☐ and/or non-traditional ☐ ? (check both if warranted)

Recommendations/Specific Corrective Action Advised: _____

Reviewer: _____